

HEPATITIS B, ACUTE

I. IDENTIFICATION

- A. **CLINICAL CASE DEFINITION:** An acute illness with insidious onset of symptoms including anorexia, vague abdominal discomfort, nausea, vomiting, sometimes arthralgias and rash, often progressing to jaundice. Only a small portion of infections are clinically recognized: less than 10% of children and 30 – 50% of adults with acute infection will have icteric disease. The clinical case definition of acute hepatitis B is an acute illness with a) discrete onset of symptoms and b) jaundice or elevated serum aminotransferase levels.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
1. IgM antibody to hepatitis B core antigen (anti-HBc) positive (if done) or a positive test for hepatitis B surface antigen (HBsAg).
 2. IgM anti-HAV negative (if done).
- D. **KENTUCKY CASE DEFINITION:**
A case that meets the clinical case definition and is laboratory confirmed.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES PRIORITY NOTIFICATION:**
Report to the local or state health department within one (1) business day of the identification of a case or suspected case.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
1. Kentucky Reportable Disease Form – EPID 200 (Rev. Jan/03), **OR**
 2. Hepatitis B Infection in Pregnant Woman or Child - EPID 394 (01/03).
- C. **PREVENTION MEASURES:**
- Hepatitis B vaccine recommended for all children 0, 1-2 and 6-18 months of age or, if not previously received, before entry to school or sixth grade entry.
 - Hepatitis B vaccine is recommended for persons in the following high risk groups: Persons with occupational risk, clients and staff of institutions for the developmentally disabled; hemodialysis patients; recipients of certain blood products; household and sexual partners of HBsAg positive cases and carriers; certain international travelers; injecting drug users; sexually active persons with multiple partners; sexually active homosexual and bisexual men and inmates of long-term facilities.

D. PUBLIC HEALTH INTERVENTIONS:

- Educate patient on how to protect others from exposure to the hepatitis B virus (HBV).
- Identify sexual contacts. Recommend testing for susceptibility if testing does not delay treatment beyond 14 days of the last sexual exposure. If contact is susceptible, recommend:
 - 1) Hepatitis B immune globulin (HBIG), if it can be given within 14 days of the Last sexual exposure, **AND**
 - 2) Hepatitis B vaccine if prophylaxis can be started within 14 days of last sexual contact or if sexual contact with the infected person will continue.
 - 3) An alternate treatment for person who are not from a high-risk group for whom vaccine is routinely recommended and whose regular sex partners have acute HBV infection is to administer one dose of HBIG (without vaccine) and retest the sex partner for HbsAg 3 months later. No further treatment is necessary if the sex partner becomes HbsAg negative. If the sex partner remains HbsAg positive, a second dose of HBIG should be given and the hepatitis B vaccine series started.
- Identify household contacts.
 - 1) Recommend HBIG if the contact is an infant <12 months of age and is exposed to a primary caregiver who has acute hepatitis B.
 - 2) Prophylaxis with HBIG is not indicated for other household contacts of persons with acute HBV infection unless they have had an identifiable blood exposure to the case within the last 14 days. Individuals with identifiable blood exposures should be treated like sexual exposures.
 - 3) Recommend Hep B vaccine for all household contacts if the patient becomes a carrier.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, SURVEILLANCE AND HEALTH DATA BRANCH: (502) 564-3418.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE BRANCH: (502) 564-3261.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, IMMUNIZATION PROGRAM: (502) 564-4478.
- D. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY SERVICES: (502) 564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. HEPATITIS B. In: Control of Communicable Diseases Manual. 17th.ed. Washington, DC: American Public Health Association, 2000: 243-251.
2. Pickering, LK, ed. Hepatitis B. In: 2000 Red Book: Report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000: 289-302.
3. Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination: Recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1991; 40 (No. RR-13): 1-25.